

Statewide Model Improvement Project

Delaware Household Pilot Survey

Activity Diary Method

Telephone Recruitment & General Household Characteristics

Hello, this is _____ from the University of Delaware, College of Urban Affairs Survey Research Center. We're conducting a survey of Delaware residents for the Delaware Department of Transportation to collect information on travel patterns. Your responses will assist in the development of the State's transportation system and to improve planning efforts. Your name will not be recorded and all answers are strictly confidential.

The survey involves answering a few questions related to your household, which I will ask you over the phone now and which will take only a few minutes, then completing a questionnaire we will send you for trips made by members of your household on one particular day. Completing the travel questionnaire should take less than 15 minutes. We will follow up with a second telephone call to retrieve the information you and other members of your household have recorded in the diaries. Our ability to complete these projects is dependent on public involvement. Would you be willing to participate in this effort?

If YES: Thank you very much. First let me verify your phone number. Is this _____? Thank you. Now here are the household-related questions we'd like you to answer at this time. [Continue with questions below.] _____

If NO: Would there be a more convenient time for us to call back for this information?

If YES: _____. Thank you, I'll call back then. May I have your first name? _____ Thank you. Good bye.

If NO: We're asking the following question of those who decline so that we can improve on later survey efforts. Would you be willing to participate if a reasonable financial or other incentive was provided?

If YES: What type of incentive? _____
Thank you for your time. Good bye.

If NO: Thank you for your time. Good bye.

1. In which county do you live? (check one) ← _____

_____ New Castle

_____ Kent

_____ Sussex

2. What is your residential address (the actual geographical location of the household; not a P.O. box number or rural delivery route number)?

Number/Street (or closest intersection)

City/Town

Zip Code

3. What is your mailing address (if different from residential address)?

Number/Street, P.O. Box, Rural Route

City/Town

Zip Code

4. In what type of structure is your household located? (check one)

- _____ Single-family house detached from any other house
_____ Single-family house attached to one or more houses (townhouse or condominium)
_____ Mobile home or trailer
_____ Hotel / motel
_____ Dormitory/group quarters/barrack
_____ Apartment building: How many units in your building? _____

5. How many household residents currently live at this location? (include live-in domestic help, exclude extended absentees, e.g., school, military, hospital stays, etc.)

_____ people

6. How many of these household members are able to travel unaccompanied and able to make separate trips on their own?

_____ people

7. How many motorized vehicles of each type are available for use by residents of your household?

_____ cars/vans/pickups
_____ trucks
_____ motorcycles/motorscooters/mopeds
_____ **total**

The following questions are for statistical purposes only and are again completely confidential:

8. What is your household's income to the nearest \$5,000? (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> less than \$10,000 | <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$ 10,000 to \$14,999 | <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$40,000 to \$44,999 | <input type="checkbox"/> \$150,000 or more |

9. Which ethnicity best describes your household? (check one)

- | | |
|---|--|
| <input type="checkbox"/> Latino/Hispanic/Mexican American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/American Indian |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____
specify |

10. Which of the following best describes the type of area where you live? (check one)

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Suburban | <input type="checkbox"/> Rural |
|--------------------------------|-----------------------------------|--------------------------------|

11. Does any household member have a disability that limits the type of transportation they can use?

☐ Yes ☐ No

IF YES: Does this person (do these persons) use specialized transportation services?

☐ Yes ☐ No

12. Has any household member ever used a transit service such as DART, Blue Diamond, or CDT for a trip in Delaware?

☐ Yes ☐ No

If YES: What would make these services be used more frequently?

If NO: What are the reasons these services are not used?

That completes this portion of the survey. We'll send you the travel diaries I mentioned earlier so that each member of your household who can travel on their own can fill one out. Thank you again for participating. Good bye.

**Statewide Model Improvement Project
Delaware Household Pilot Survey
Telephone Method**

Phone number _____

ID number _____

Interviewer _____

Begin time _____

Interview date _____

End time _____

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The survey involves answering a few questions, which I will ask you over the phone now, and which should take less than 15 minutes. Our ability to complete these projects is dependent on public involvement. Would you be willing to participate in this effort?

If YES: Thank you very much. First let me verify your phone number. Is this _____? Thank you. Now here are the household-related questions we'd like you to answer at this time. [Continue with questions below.]

If NO: Would there be a more convenient time for us to call back for this information?

If YES: _____ [fill in date & time]. Thank you, I'll call back then. May I have your first name? _____
Thank you. Good bye.

If NO: We're asking the following question of those who decline so that we can improve on later survey efforts. Would you be willing to participate if a reasonable financial or other incentive was provided?

If YES: What type of incentive? _____
Thank you for your time. Good bye.

If NO: Thank you for your time. Good bye.

1. In which county do you live?

_____ New Castle

_____ Kent

_____ Sussex

2. What is your residential address (the actual geographical location of the household; not a P.O. box number or rural delivery route number)?

Number/Street (or closest intersection)

City/Town

Zip Code

3. In what type of structure is your household located? (check one)

- _____ Single-family house detached from any other house
_____ Single-family house attached to one or more houses (townhouse or condominium)
_____ Mobile home or trailer
_____ Hotel / motel
_____ Dormitory/group quarters/barrack
_____ Apartment building: How many units in your building? _____

4. How many household residents currently live at this location? (include live-in domestic help, exclude extended absentees, e.g., school, military, hospital stays, etc.)

_____ people

5. How many of these household members are able to travel on their own?

_____ people

6. How many motorized vehicles of each type are available for use by residents of your household?

_____ cars/vans/pickups
_____ trucks
_____ motorcycles/motorscooters/mopeds
_____ **total**

The following questions are for statistical purposes only and are again completely confidential:

7. What is your household's income to the nearest \$5,000? (check one)

_____ less than \$10,000	_____ \$25,000 to \$29,999	_____ \$50,000 to \$74,999
_____ \$ 10,000 to \$14,999	_____ \$30,000 to \$34,999	_____ \$75,000 to \$99,999
_____ \$15,000 to \$19,999	_____ \$35,000 to \$39,999	_____ \$100,000 to \$149,999
_____ \$20,000 to \$24,999	_____ \$40,000 to \$44,999	_____ \$150,000 or more

8. Which ethnicity best describes your household? (check one)

☐ Latino/Hispanic/Mexican American
☐ Black/African American
☐ White/Caucasian

☐ Asian/Pacific Islander
☐ Native American/American Indian
☐ Other: _____
specify

9. Which of the following best describes the type of area where you live? (check one)

☐ Urban

☐ Suburban

☐ Rural

10. Does any household member have a disability that limits the type of transportation they can use?

☐ Yes

☐ No

If YES: Does this person (Do these persons) use specialized transportation services?

☐ Yes

☐ No

May I please speak to the person in the household who has the next birthday? (If not available, ask when you can call back and reach this person--fill in the following:

Date _____
Time _____
Name of person _____

If (when) the right person is available, ask the following:

11. What is your age?

_____ years

12. What type of job do you have?

☐ Government, Public Administration
☐ Community Services (fire, police)
☐ Transportation, Communication, Public Utilities
☐ Finance/Banking/Insurance/Real Estate
☐ Entertainment/Recreation
☐ Business/Repair Service
☐ Personal Services
☐ Professional Services
☐ Manufacturing
☐ Construction
☐ Retail trade
☐ Wholesale trade
☐ Military
☐ Other: _____

specify

13. Have you ever used a transit service such as DART, Blue Diamond, or CDT for a trip in Delaware?

_____ Yes _____ No

If YES: What would make you use these services more frequently?

If NO: What are the reasons you don't use these services?

The following questions concern the trips you made yesterday.

14. How many trips did you take yesterday? (A trip involves one-way travel from one point to another for a particular purpose; the commute to work and back home, or a round trip to the store, each count as two trips.)

_____ trips

For each of these trips, we need to know where the trip began and ended, the start time of the trip, the means of travel, the number of passengers you traveled with, and the trip purpose. Let's go through each one in turn and I'll record the information on a trip form.

[use attached trip forms--as many as required--and record each trip]

15. [For interviewer only: Record apparent gender of respondent]

_____ Male _____ Female

Thank you very much for your time and cooperation. Have a good day (evening) (night).

Trip descriptions

Answers for Origin or Destination

- 01 Home
- 02 Work
- 03 Store
- 04 School
- 05 Park/Ride Lot
- 06 Bus Stop
- 07 Other _____

Answers for Trip Purpose

- 01 To go home
- 02 To go to work
- 03 Shopping
- 04 To go to school
- 05 Drop off someone or pickup someone at school
- 06 Social Activities (meetings, visiting, etc.)
- 07 Personal business (Banking, Post office, haircut, et
- 08 Recreation (Sports, movies, etc.)
- 09 Eat-out
- 10 Work related business
- 11 Child care
- 12 Other _____

Answers for means of travel

- 1 Car
- 2 Truck
- 3 Van
- 4 Motorcycle
- 5 Transit Bus
- 6 Other _____

Trip	Origin	Destination	Time Trip Began	Means of Travel	Number of Passengers	Purpose of the Trip
1						
2						
3						
4						

For shopping trips, how many stores did you go to in the mall or shopping center? _____

Did you eat in the mall or shopping center? _____